



District of Columbia  
Psychologist License Application  
Request for Verification of Supervised Employment

PS Form 02

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date doctoral degree was granted \_\_\_\_\_  
mm / dd / yyyy

Dear Sir/Madam:

The applicant whose name appears above has applied to the Board of Psychology of the District of Columbia for a license to practice psychology. All applicants are required to demonstrate their qualifications for licensure by submitting signed statements from each supervisor who supervised the applicant's practice while obtaining the required postdoctoral experience. Accordingly, you are asked to provide the requested information by completing Page 2 of this form. Please include the requested information only for any periods of supervision that you provided after the applicant's doctoral degree was awarded. Any additional remarks may be written on a separate sheet of paper and attached to this form.

When completed, this form should be returned to the applicant at the address above. Your prompt attention to this request is appreciated.

Thank you in advance for your cooperation.

District of Columbia Board of Psychology

## Verification of Supervised Employment in Psychology

The information requested below pertains only to the period of supervision **after** the applicant's doctoral degree was awarded.

Applicant's Name \_\_\_\_\_

Period of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Location of Employment \_\_\_\_\_

Applicant's Title/Position \_\_\_\_\_

Applicant's Duties and Responsibilities \_\_\_\_\_

**Supervisor: Please fill in this section accurately and completely.**

Please fill in the total number of hours of work during the applicant's period of employment described above. For example one full year's work at 40 hours per week amounts to 2080 hours. Do not include any hours prior to the date that the applicant's doctoral degree was granted.

Total Hours \_\_\_\_\_

Were all of these hours under general supervision? \* ☐ Yes ☐ No

If no, how many hours were so supervised?

Gen. Supv. \_\_\_\_\_

How many of these hours were under immediate supervision? \*\*

Immed. Supv \_\_\_\_\_

What percent of the total hours does the immediate supervision represent? \_\_\_\_\_%

Of the hours in immediate supervision, how many were in:

Individual (one-on-one) supervision?

Indiv. Supv. \_\_\_\_\_

Group Supervision

Group Supv. \_\_\_\_\_

Rating of applicant's performance: ☐ Satisfactory ☐ Unsatisfactory

If the applicant's performance was unsatisfactory, please provide a written explanation on a separate sheet of paper.

\* **General supervision** is that in which the supervisor is available to supervise in person or by communications device.

\*\* **Immediate supervision** is that in which the supervisor is physically present with the supervisee and either discussing or observing his or her practice. At least 5% of the applicant's hours must be under immediate supervision.

Supervisor's Profession: ☐ Psychologist ☐ Psychiatrist ☐ Independent Clinical Social Worker

Supervisor's License Number and State Issuing License \_\_\_\_\_

I certify that the above information is true to the best of my knowledge and that I will be willing to interpret or substantiate the information provided should the Board of Psychology need clarification at a later date.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Supervisor's Name and Title (please print or type)

\_\_\_\_\_  
Supervisor's Address

\_\_\_\_\_  
Date